GOLDEN YEARS HEALTH CARE CENTER

270 RIDGE RD

WALWORTH	53184	Phone: (262) 275-6103	}	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with D	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds	Set Up and Sta	affed (12/31/04):	28	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	28	Title 19 (Medicaid) Certified?	No
Number of Resi	dents on 12/31,	/04:	28	Average Daily Census:	26

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %						
Home Health Care	No	Primary Diagnosis	용	Age Groups	%	Less Than 1 Year	46.4	
Supp. Home Care-Personal Care	No					1 - 4 Years	39.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	14.3	
Day Services	No	Mental Illness (Org./Psy)	28.6	65 - 74	7.1			
Respite Care	No	Mental Illness (Other)	7.1	75 - 84	25.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.4	*********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	3.6	95 & Over	21.4	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0	0.0		Nursing Staff per 100 Resident		
Home Delivered Meals No		Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	21.4	65 & Over	100.0			
Transportation	No	Cerebrovascular	14.3			RNs	13.7	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	8.8	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	25.0	Male	21.4	Aides, & Orderlies	38.6	
Mentally Ill	No	İ		Female	78.6	İ		
Provide Day Programming for		İ	100.0	İ		į		
Developmentally Disabled No		İ		İ	100.0	į		
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Method of Reimbursement

	Medicare (Title 18)			edicaid itle 19			Other]	Private Pay		Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	7.1	157	0	0.0	0	0	0.0	0	2	7.1
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	5	17.9	150	0	0.0	0	0	0.0	0	5	17.9
Intermediate				0	0.0	0	0	0.0	0	8	28.6	143	0	0.0	0	0	0.0	0	8	28.6
Limited Care				0	0.0	0	0	0.0	0	8	28.6	136	0	0.0	0	0	0.0	0	8	28.6
Personal Care							0	0.0	0	5	17.9	128	0	0.0	0	0	0.0	0	5	17.9
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		28	100.0		0	0.0		0	0.0		28	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period	 		Total				
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	10.5	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	2.6	Bathing	0.0		64.3	35.7	28
Other Nursing Homes	15.8	Dressing	7.1		64.3	28.6	28
Acute Care Hospitals	55.3	Transferring	14.3		32.1	53.6	28
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.7		32.1	57.1	28
Rehabilitation Hospitals	2.6	Eating	46.4		25.0	28.6	28
Other Locations	13.2	******	******	*****	******	******	******
Total Number of Admissions	38	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.6	Receiving Resp	iratory Care	3.6
Private Home/No Home Health	9.4	Occ/Freq. Incontiner	nt of Bladder	53.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	9.4	Occ/Freq. Incontiner	nt of Bowel	32.1	Receiving Suct	ioning	0.0
Other Nursing Homes	12.5	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	31.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	39.3
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	21.9	Skin Care			Other Resident C	haracteristics	
Deaths	15.6	With Pressure Sores		0.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		3.6	Medications		
(Including Deaths)	32	İ			Receiving Psyc	hoactive Drugs	28.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	8	Ratio	8	Ratio	9	Ratio	ે	Ratio		
Output Debut Desire Debut Green (Times of Debu	00.0	0.4.0	1 10	07.6	1 06	07.7	1 06	00.0	1 05		
Occupancy Rate: Average Daily Census/Licensed Beds	92.9	84.2	1.10	87.6	1.06	87.7	1.06	88.8	1.05		
Current Residents from In-County	78.6	76.9	1.02	72.7	1.08	70.1	1.12	77.4	1.01		
Admissions from In-County, Still Residing	23.7	19.0	1.24	25.0	0.95	21.3	1.11	19.4	1.22		
Admissions/Average Daily Census	146.2	161.6	0.90	93.3	1.57	116.7	1.25	146.5	1.00		
Discharges/Average Daily Census	123.1	161.5	0.76	92.6	1.33	117.9	1.04	148.0	0.83		
Discharges To Private Residence/Average Daily Census	23.1	70.9	0.33	19.6	1.18	49.0	0.47	66.9	0.34		
Residents Receiving Skilled Care	25.0	95.5	0.26	74.5	0.34	93.5	0.27	89.9	0.28		
Residents Aged 65 and Older	100	93.5	1.07	94.4	1.06	92.7	1.08	87.9	1.14		
Title 19 (Medicaid) Funded Residents	0.0	65.3	0.00	55.3	0.00	68.9	0.00	66.1	0.00		
Private Pay Funded Residents	100	18.2	5.50	38.5	2.60	19.5	5.13	20.6	4.86		
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00		
Mentally Ill Residents	35.7	28.5	1.25	37.9	0.94	36.0	0.99	33.6	1.06		
General Medical Service Residents	25.0	28.9	0.86	18.6	1.34	25.3	0.99	21.1	1.19		
Impaired ADL (Mean)	63.6	48.8	1.30	46.6	1.36	48.1	1.32	49.4	1.29		
Psychological Problems	28.6	59.8	0.48	57.8	0.49	61.7	0.46	57.7	0.50		
Nursing Care Required (Mean)	5.8	6.5	0.90	6.3	0.92	7.2	0.80	7.4	0.78		